

INSTRUCTIONS:

This designee signature page is intended to be used only by organizations enrolling as first time users (having no existing TG number/mailbox). All organizations having an established TG number must use the designee form provided through the “Print Designee Signature Page” link located on the SAIG Web Enrollment site.

You have successfully completed **(1) Step One**, identifying yourself, and you are about to complete **(2) Step Two**, providing the designee's name and title, and your organization's authorizing official's name, title and signature.

Step Two: Certification of the President/CEO/Chancellor.

The U.S. Department of Education is required to collect the signature of the chief officer of the organization (President, CEO, Chancellor, or equivalent person) for assigning a designee.

The original signature document must be submitted to CPS/SAIG Technical Support.

A copy of each signed and dated statement must be maintained by your organization.

Sending the signature pages

The original signature document **must be submitted** to:

**CPS/SAIG Technical Support
P.O. Box 4229
Iowa City, IA 52244-4229**

or overnight to:

**CPS/SAIG Technical Support
2400 Oakdale Blvd.
Coralville, IA 52241**

PLEASE NOTE: Your enrollment request will not be processed until CPS/SAIG Technical Support receives all certification statements, completed and signed.

Designation of Authorizing Official

To designate a different person to sign your SAIG Enrollment documents, complete the information below and have the President, CEO, or Chancellor sign this form and return to the address on the instruction sheet.

You hereby designate

Name (printed) _____

Title _____

to be your responsible authorizing official for all future SAIG Enrollment forms. All responsibilities of the president, CEO, Chancellor, or equivalent position shall be carried out by this designee. You agree to assume the responsibility for such actions associated with this and future enrollment agreements. This designation is effective as of the date signed below.

Confirmation Stamp: _____

SAIG Organization name: _____

SAIG Destination Point Administrator: _____

Telephone number: _____

School President/CEO/Chancellor, or equivalent position (printed name and title of President/CEO/Chancellor or equivalent person)

Name _____

Title _____

Signature _____ Date _____

(original signature must be submitted)

Office Use Only

Customer Number _____

TG Number _____